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4 October 1968

MEMORANDUM FOR : OSA Staff - Initial Coordination  
USAF-SGO - Final Coordination  
USAF-SAD [ ] Office) -  
Final Coordination

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SUBJECT : Activation of Aeromedical Office and  
Transfer of Responsibilities

A. Past Aeromedical and Life Support responsibilities and activities have not been formally delineated and assigned owing to the rather loose and ubiquitous manner in which the writer operated as a consultant. The basic philosophy upon which the newly organized Aeromed Office was presented and approved provides for a single-point of responsibility and policy making in all Aeromedical and related activities in [ ] as the Chief Flight-Surgeon, OSA. This will provide and insure the proper integration and coordination of all Aeromedical activities within OSA itself and its interrelated governmental and other pertinent organizations. The objective of this communication is basically to provide guidance to those personnel assigned full-time to the OSA-AO arriving at a complete functional breakdown of all responsibilities and activities. Obviously, with the dropping out of some projects and the initiation of new ones, there will undoubtedly be some changes made on past patterns on the part of the CFS and Director, OSA. It should be moved herein, that the specific duties to be carried out by the Aeromedical Consultant have not been spelled out in any greater detail than what appears on the preliminary organization chart appended to memo for record dated 24 Sept 68, subject: "Re-organization of OSA Medical Staff" signed by [ ] as OSA Medical Officer. A final designation of the specific role which our Aeromedical Consultant will play in the over-all aeromedical

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USAF review(s) completed.

GROUP 1  
Excluded from automatic  
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activities will be determined at some future time by [ ] and other pertinent OSA and Agency personnel.

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B. Recruitment of OSA - assigned personnel (not including contract flying personnel)..

1. Medical personnel: Contacts will be made by the CFS [ ] with cleared liaison personnel in the Office of the Surgeon-General, USAF who will provide named nominees meeting the professional and security criteria designated by OSA. Subsequent processing will proceed according to SOP established by CFS following which he will make final acceptance decision and so notify proper assignment authorities to initiate necessary personnel actions.

2. Non-Medical personnel: Nominees will be processed according to aeromed, psychologic and psychiatric evaluation procedures established by CFS. He will communicate through liaison medical officers in the AF-SGO any requirements for local medical rechecks which may be required after review of personal medical records submitted on the nominee under consideration.

N. B. In this connection it is suggested that an early meeting with the medical liaison officer in the AF-SGO be accomplished for the purpose of establishing mutually agreeable SOP's on the recruitment of both medical and non-medical personnel for OSA duty.

C. Recruitment of aircrew personnel, contracturally or otherwise affiliated with OSA.

1. Current procedures for the screening, processing, evaluation and selection of "operational" personnel are reasonably well-defined and understood but possibly a SOP outlining this entire activity is in order. In the case of AF aircrew personnel under consideration, these procedures, of course, require the closely coordinated activities and cognizance of the D/Ops, C/Personnel in OSA, AF-SAD, AF Personnel (Col Brojer) and AF-SGO. It is well to mention in this connection that some thought and effort should be given to working through the AF Surgeon General

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toward improving the current standards and procedures now being exercised at Brooks AFB (S.A.M.) in carrying out the aeromedical surveys on volunteers for "special" Aerospace Medical assignments. There has been an obvious deterioration over the past several years in the quality of the "special" aeromedical evaluations being carried out at AFSAM, Brooks AFB, Texas.



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D. Aeromedical Support - I - Medical Evaluation and Maintenance.

1. On-going programs for the maintenance of optimal operator performance through the means of established physiologic and psychological fitness training programs along with periodic medical, psychiatric and psychologic evaluations are in good order. The unit F/S, the Lovelace Clinic Staff and the OSA-AO all have well-defined responsibilities which, in general terms, cover two broad areas of responsibility. The first of these is the primary requirement to continuously follow and critically evaluate all medical psychologic operational and personal data on each individual in order to detect and correct early trends indicative of potential inabilities or impairments in over-all health and operational fitness. The second requirement incumbent upon the "aeromed team" is to constantly review any significant advances in biomedical knowledge and technology which merit serious consideration for inclusion into existing preventive and constructive aeromedical maintenance procedures. Germane

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to this latter important area of responsibility is the knowledge that considerable advances are now being made on the National Health Front in such areas as Multiphasic Screening and rehabilitation programs which have personal health and fitness objectives very closely allied to our own.

2. Administrative procedures for the transmission and processing of these types of aeromedical support data will be revised at an early date to fit into the new OSA-AO organizational structure. Pending the formulation of this revised administrative SOP, the writer is consolidating the existing aeromedical data currently reposing in locked files (OSA Personnel Division) according to the new guidelines.

E. Aeromedical Support - II - Medical Operations.

1. Previously established standards and procedures for planning and implementing medical operations at both home and toward bases conform closely to those used in tactical Air Force operations. Certain features in the handling of seriously-ill, injured and fatalities are peculiar to OSA and, therefore, should be coordinated again with other auxillary agencies and re-stated in a formalized SOP. The Operational Flight Surgeon's Manual which was developed and distributed 4 years ago would provide the nominal basis for this particular review and revision exercise.

2. Continuous efforts have been expended in the past to standardize, wherever feasible and practicable, the aeromed procedures and reporting forms between OSA and Air Force "special flying Activities; with only partial success due to the sensitivity of operational parameters on both sides." Gen. Ken Pletcher feels that, despite these apparent obstacles which have partially impeded our past coordination efforts, we should continue to work toward some degree of commonality in the

recording of significant operational aeromedical data. In the past, we have had periodic meetings between AF and OSA aeromedical people to maintain at least some cognizance and coordination of common problems and practices, all of which has been quite valuable to both parties. The next such meeting has been loosely set for the early part of December 68.

F. Life Support Section (Protective Equipment and Training)

1. This area of responsibility and activity is being extensively reviewed and reorganized by [ ] with the assistance of [ ] When completed, it will be integrated into the basic SOP for the conduct of all aeromedical office affairs. It should be moved in this connection that in the reorganization of the complete OSA - Aeromedical set-up, only one additional personnel space was requested (informally) and this to cover a physiological training officer for assignment to Edwards N. Base. The Commander of the Base informally concurred in the requirement for this addition to his aeromed section but would not provide a space from within his own allotment for such. The need for this additional officer will continue and will doubtless increase considerably over the next 3-6 months period, but it appears unlikely that this additional allocation will be validated at Hq OSA unless formal justification for such is submitted by the CFS, OSA-AO.

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G. Informal Liaison with Life Sciences Section of O. R. D.

1. Over the past 6 years, informal coordinating meetings have been carried out between OSA aeromed personnel and Life Sciences R&D personnel from ORD under [ ] These conferences have served a dual purpose of keeping ORD fully cognizant of operational aeromedical problem areas and on the OSA side, keeping the aeromed group informed on new and potentially useful spin-offs from on-going R&D programs.

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2. [ ] OSA Chief Flight Surgeon,  
has been in contact with [ ] and will  
arrange a future meeting to discuss common areas  
of interests and activities with [ ] and  
his staff at a mutually agreeable time and date.  
Meanwhile, a short summary of these past  
conference topics of discussion will be prepared  
by the writer.

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